Wisconsin School Psychologists Association (WSPA)

Annual Convention | October 28-30, 2009

Exhibitor Registration

	Price	# of Tables	Total
Exhibit space	$100 per	_____	____
	$250 for 3	_____	____
	$0.00 Non-profit	_____	

Total enclosed _____

This exhibitor fee includes one 6-foot table and one chair per table. Please list other needs (i.e. AV equipment, extension cord). Depending on request, there may be an additional charge. We will notify you if there is.

Form of payment (circle one): Mastercard American Express Visa Check/M.O. (Enclosed & payable to UW-L)

Credit Card # _ _ _ _-_ _ _ _-_ _ _ _-_ _ _ _ Exp. Date _ _/_ _

_____
Print Cardholder's Name

_____
Cardholder's Signature

Agency Name_____

Name(s) of representative(s)_____

Street address_____

City/State/Zip _____ Day phone #_____

Fax #_____E-mail_____

Return registration form to:

UW-La Crosse
Continuing Education and Extension
1725 State Street
205 Morris Hall
La Crosse, WI 54601

or fax registration form (with credit card information) to: 608.785.6547